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Navy & Marine Corps Medical News
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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this e-mail is encouraged.

Headlines this week include:
MN970318. Newest Employee A Time-Saver for Jacksonville
MN970319. San Diego Sends Second Wave to Guam
MN970320. Medical Courses Now On Line
MN970321. Computers and Medicine Team for Health Advances
MN970322. Operation Provide Hope Comes to Close
MN970323. Portsmouth Building Named For Medal of Honor Recipient
MN970324. Corpsmen Commended by Marines at Parris Island
MN970325. Okinawa EMTs Share Fun and Learning
MN970326. Bell is Purchasing Agent of the Year
MN970327. TRICARE Question and Answer
MN970328. Healthwatch: Why Chronic Dieting Doesn't Work
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MN970318. Newest Employee A Time-Saver for Jacksonville
Jacksonville, FL - Naval Hospital (NH) Jacksonville has a new employee who can fill 250 refill prescriptions an hour and works seven days a week, 24 hours a day. He never needs breaks, never complains, and the patients love his quick service.

Officially, he's an OptiFill-II automated pill dispenser, but most call him Robbie, the Robot.

Robbie can complete the work of five pharmacy technicians, and his work is error-free. This new robo-pharmacist receives phone calls from patients, and then gets busy making labels, counting pills and filling bottles, just like his human counterpart.

Still, there's no jealousy on the part of his -er - co-workers. He's a welcome addition at NH Jacksonville, one of the busiest pharmacies in the Navy.

"I think it's great," said HM3 Bill Edinger. "It takes a lot of work off our hands."

Robbie's help has improved customer service by freeing up technicians so they can help patients who are getting new prescriptions. Patients getting new medications receive one-on-one counseling by either a pharmacy technician or

pharmacist to ensure they know how to take their prescriptions.

Currently, the robot is doing about 60 percent of all refills for the hospital, which will eventually increase to approximately 75 percent. Once Robbie completes a prescription, the bottles are collected and sent to the drive-through pick up center for distribution to patients.

"Each prescription (Robbie fills) is double checked by a technician," said NH Jacksonville pharmacy head LCDR Bill Blanche, MSC, "and the robot has yet to make an error."

According to Blanche, patients have benefited from Robbie because long lines are now a thing of the past and waiting time for prescriptions has decreased from hours to minutes.

"Nobody has lost a job because of the robot. The system has made us more efficient with the resources we have," said Blanche.

Robbie's human co-workers will still be responsible for preparing special or uncommon prescriptions.

By HM2 Terresa White, NH Jacksonville

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MN970219. San Diego Sends Second Wave to Guam

San Diego, CA - Naval Medical Center (NMC) San Diego is sending 30 more officers and enlisted personnel to Guam to assist with identifying and recovering remains of victims from the Korean jetliner that crashed there on August 6.

The new group joins the seven-member Special Psychiatric Rapid Intervention Team, or SPRINT, which was dispatched by NMC San Diego two days after the crash to provide counseling and emotional support for workers involved in rescue efforts.

The SPRINT, which is expected to provide aid to 600 individuals before returning to San Diego, will be augmented with an additional chaplain and clinical psychologist from the newly arriving group. The remaining 28 officers and enlisted include radiologists, x-ray and emergency medical technicians, and general duty corpsmen.

The new group will relieve some rescue workers and assist others who have come from as far away as Japan. Most are expected to remain in Guam for three weeks.

The original SPRINT's commitment remains open-ended, with two of its members recently deploying with the USS FRANK CABLE (AS 40) to provide support. About 200 of FRANK CABLE's crew assisted with the initial rescue operations.

By JO1 Joe Parker, Naval Base San Diego

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MN970320. Medical Courses Now On Line

Portsmouth, VA - Charge up your computers - the Naval School of Health Sciences (NSHS), Portsmouth now offers Navy medical correspondence courses on line.

Standard first aid and preventive medicine for ground forces are the first two professional development courses

being made available by NSHS world-wide via the Internet.

According to HMCS(SW) Deborah Greene, head of management information at NSHS Portsmouth, offering standard first aid on line can impact many fleet Sailors.

"Knowledge of first aid is required for basic damage control qualifications as well as those striving for enlisted warfare specialist," said Greene.

Collaborating with NSHS on this on-line effort is the Navy Environmental Health Center (NEHC). NEHC is hosting NSHS's homepage and providing technical support for the electronic schoolhouse. The address is ehc40.med.navy.mil.

With courses now being offered on line, Sailors have the choice of receiving and submitting course materials by mail or electronically. Students successfully completing the course receive a letter of completion with a copy forwarded to their service record. Reservists earn retirement points.

By Karen Murphy, NEHC

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MN970321. Computers and Medicine Team for Health Advances

Guam - Computers and medicine: Two of the most quickly advancing technologies of our time.

At U.S. Naval Hospital (USNH) Guam, these technologies are intermingling to create telemedicine that can deliver care to patients thousands of miles from their doctors.

"With this technology, we are able to deliver better, faster care to patients," said LCDR Bruce Cairnes, MC, a surgeon at USNH Guam.

Guam's telemedicine hook-up uses the Internet and DSN phone lines to bridge the gap between doctors in Guam and other locations world-wide.

"We (Guam doctors) can review and discuss medical cases with doctors from Tripler Army Medical Center (in Hawaii) or (Naval Medical Center) San Diego as if we were all in the same room together, even though we are thousands of miles apart," said Cairnes. "And we're ... using software and capabilities that are already available to us."

A major benefit of telemedicine is that it can reduce the number of patients that need to be medevac'ed.

"Sometimes patients have to go through the stressful and exhausting deal of being medevac'ed off-island just to get a second opinion," said Cairnes. "Telemedicine allows off-island doctors to review the patient's case and recommend treatments. If those treatments are available here in Guam, the patient may not need to be medevac'ed."

According to LTJG Ricky White, MSC, the hospital's chief information officer, other telemedicine initiatives are underway.

"We've also installed a scanner in the x-ray room of the hospital. Doctors can obtain access to an x-ray from their home computer, if necessary. If a doctor gets called in the middle of the night to give a second opinion or

diagnosis of an x-ray, they can pull it up on their home computer within minutes. Before, it would take as long as 30 to 40 minutes for the doctor to come to the hospital."

White said that the hospital is also working on getting teleconferencing capabilities in the operating room. According to Cairnes, this could make the difference between life and death.

"If someone was in a severe accident and experienced serious head injuries, if it was a life or death situation, we would have to operate," said Cairnes. "Unfortunately, we don't have a neurosurgeon here. If there was teleconferencing in the operating room, we could literally have a neurosurgeon looking over our shoulders and walking us through the surgery."

By JO3 Sharon M. Dewar, U.S. Naval Base Guam

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MN970322. Operation Provide Hope Comes to Close

Tashkent, Uzbekistan - The Navy-led Operation Provide Hope Mission in Uzbekistan, has come to a close.

The Navy, along with the other services, landed in the town of Tashkent in mid-June to help upgrade 17 medical facilities in the former Soviet country, using excess Department of Defense medical equipment and more than \$7 million worth of pharmaceuticals donated by U.S. companies.

"This was a joint mission, but it was the first time the Navy assumed the lead role," said CAPT Sterling Garnto, MC, fleet medical plans and operations officer for U.S. Naval Forces Europe.

Four officers and 31 enlisted members from the Navy, Army and Air Force coordinated sorting, distribution and installation of equipment. They also assisted with training host country medical personnel on its use.

"We came here not even knowing where Uzbekistan was on the map. Now as we prepare to leave, we are educated and thankful we are fortunate to have lived in this wonderful country and know we have made a difference," said mission leader LCDR Robert Johnson from U.S. Naval Hospital (USNH) Naples.

"Seeing the smiles from the children in the hospital was enough to make one cry," said HM2 Scott Bissen from USNH Sigonella, Sicily. "I am returning home with a whole new, humble attitude."

In addition to their official mission, the team visited an orphanage with 400 mentally and physically impaired children. They hung ceiling fans, repaired plumbing fixtures and pipes, replaced window panes, patched holes and painted. They also donated toys and vitamins.

A follow-up visit to the country is planned to provide additional training for hospital workers and perform maintenance on the newly-installed equipment.

By LCDR Robert Johnson, USNH Naples, and JO1 Charles L. Bear and JO2 Charles Achord, U.S. Naval Forces Europe

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MN970323. Portsmouth Building Named For Medal of Honor
Recipient

Portsmouth, VA - The Chief of Naval Operations recently approved the naming of the newest addition to the Naval Medical Center (NMC) Portsmouth complex for Medal of Honor recipient HM3 William R. Charette.

It will be officially named the Charette Health Care Center.

Before, the building, still under construction was referred to as the Acute Care Facility.

Charette received the Congressional Medal of Honor during the Korean War while he served with the Second Battalion, Seventh Marines. He risked his life "above and beyond the call of duty" while aiding the Marines under his care. After Korea, he continued his Navy career and retired as a Master Chief after 30 years. He now resides in Florida.

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MN970324. Corpsmen Commended by Marines at Parris Island

Parris Island, SC - Commanding General of Marine Corps Recruit Depot, Parris Island, SC, BGEN Jerry Humble presented 37 corpsmen with certificates of commendation for their hard work and dedication to Parris Island's mission: Making Marines.

The Corpsmen were cited for their support during the grueling 54-hour Crucible, the Marines' capstone event at the end of their 13 week recruit training.

Included in the training is a casualty evacuation exercise, an endurance course, pugil sticks combat, distance firing, and a night infiltration and march. In addition to the physical requirements, recruits are sleep and food deprived to simulate field conditions.

It was the job of the corpsmen to ensure the physical, psychological, and emotional health of the recruits during the rigors of the Crucible.

During the presentation ceremony, Humble expressed his career-long respect for the partnership between Marines and corpsmen.

By LT Bill Minor, MSC, Naval Hospital Beaufort, SC

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MN970325. Okinawa EMTs Share Fun and Learning

Okinawa, Japan - U.S. Naval Hospital Okinawa corpsmen assigned as emergency medical technicians (EMTs) and EMTs from the Okinawa community shared a day of fun and learning recently on the hospital grounds.

HM2(FMF) Tom Gordon of the hospital's emergency room coordinated the day's events.

"We wanted to have a get-together with our local counterparts, so we planned a picnic and skills demonstration," said Gordon.

The day began with a tour of the hospital followed by an American-style picnic complete with hot dogs, hamburgers,

sodas, and sushi.

"After lunch and picture taking, it was time to show our guests just what we are capable of providing to motor vehicle accident victims," said HM3(FMF) Bradford Richardson.

A mock accident scene, complete with car and moulaged human "victim," was prepared, and a "Code-3" emergency called in.

The EMT corpsmen arrived and rapidly went to work accessing injuries. The "victim" was successfully extricated from the wreckage in serious condition with full C-spine precautions. On the way to the emergency room, the "victim" coded and had to be revived. After the drill, there were many questions, keeping the interpreter, Kiyomi Tajima, very busy.

"We really want to see this taken to the next level," said Gordon. "We want to do a lot more training with each other and to share ideas and skills so all involved will come away from these sessions with increased knowledge and capabilities."

By HMCN(SW) M. C. Carr, USNH Okinawa

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MN970326. Bell is Purchasing Agent of the Year

Jacksonville, FL - Debra Bell of the Navy Disease Vector Ecology and Control Center, Naval Air Station Jacksonville is purchasing agent of the year for small activities for 1996.

Bell received the award during the Department of the Navy's Simplified Buyers Conference.

Bell's work in purchasing supplies for humanitarian support in Jamaica and a Medical Readiness Exercise (MEDRETE) in support of Operations Fairwinds '96 was cited for winning.

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MN970327. TRICARE Question and Answer

Question: I'm retired from the Navy and enrolled in TRICARE Prime. It's a great bargain for me since I have chronic health problems. But I'm concerned about financial limitations under TRICARE. Are there any financial limits on care received either annually or in a lifetime?

Answer: No.

Additional information on TRICARE is available on the Department of Defense (Health Affairs) Homepage on the World-Wide Web at www.ha.osd.mil.

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MN970328. Healthwatch: Why Chronic Dieting Doesn't Work

Only five percent of all dieters will have maintained their weight loss at the end of one year. That's not too encouraging when you consider the average American diets three to four times annually. Why are so many people involved in this self-defeating act? An obsession with

thinness and the limited view that dieting will help you lose weight has Americans running to buy diet aids to the tune of one billion dollars per year. But the bottom line is that "diets" don't work.

Dieting Attitudes

One comedian said the root of the word diet is "to die." It conjures up the dying urge to eat, and a life filled with deprivation and wilted celery sticks. The common phrase "going on a diet" gives you the feeling that it is something you start but are able to quit. The thought of dieting makes you hungry for foods you had even forgotten about. Dieting may be the "in" social thing to do but the statistics show that it simply doesn't work.

Why Diets Don't Work

People who diet often can lower their metabolisms enough to decrease their calories needs. This can be done in two ways:

First, a diet of less than 1,000 to 1,200 calories can actually cause a starvation-like state and force your body to conserve calories. The body will cut back its caloric needs to survive. Therefore, you won't lose more in the long run on a 500 calorie diet than you would on one above 1,000 calories. This starvation state can lower the metabolism for as much as one year.

Second, crash dieting can change the body's composition. Let's say you lost 10 pounds in two weeks. Most of that is water (5 pounds), some was fat (3 pounds) and the rest was muscle (2 pounds). When the weight is regained (as 95 percent is), it comes back in the form of fat and water. Every future diet can perpetuate this downward cycle of muscle loss; the chronic dieter may chance their percentage of body fat over time from 25 percent to 35 to 40 percent. Surprisingly, the scale may not show large amounts of weight change. Muscles burn up more calories than fat and chronic dieting makes you lose a large percentage of what helps you keep trim. This yo-yo effect of losing and regaining can be hard the body. It is better to never have dieted at all than to keep losing and regaining the same 10 to 20 pounds.

What Does Work

What does help lose and maintain weight is health eating habits and a more active lifestyle. Take a fresh look at your daily diet and exercise - get rid of the idea that a diet is something to endure for a month after which you can go back to your old habits. Make short- and long-term goals to slowly change your lifestyle to include healthier food choices and to be more active at work and play. You'll be healthier and happier when you give up dieting and will be closer to achieving a permanent weight change by focusing on the quality of your diet and exercise habits.

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Feedback and comments are welcome. Story submissions

are encouraged. Contact Jan Davis, MEDNEWS editor,
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